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## LIMITED LIABILITY COMPANY

Levitt at Twin Acres, LLC

Certificate of Status	θ
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Estimated Charge	\$155.00



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## ARTICLES OF ORGANIZATION OF LEVITT AT TWIN ACRES, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. <u>NAME</u>. The name of the Limited Liability Company is LEVITT AT TWIN ACRES, LLC (the "Company").

2. <u>MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE</u>. The mailing and street address of the principal office of the Company is: 7777 Glades Road, Suite 410, Boca Raton, Florida 33434.

3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Jeffery Hoyos, 7777 Glades Road, Suite 410, Boca Raton, Florida 33434.

The undersigned has executed these Articles of Organization on the 19th day of December,

2001.

By: ovos

Authorized Signatory of the Member

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## CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

			SEC
1.	The name of the limited liability company is: LEVITT AT TWIN ACRES,	ĿĿĊ.	
2.	The name and address of the registered agent and office is:	DEC	ILED
	Jeffery Hoyos 7777 Glades Road, Suite 410 Boca Raton, Florida 33434	0	- STATE FLONDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Régistered A

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(Date)

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